CONSOLIDATED PRIMARY PETITION (NONPARTISAN - MUNICIPALITY OTHER THAN COMMISSION FORM)

We, the undersigned, qualified voters in th	e of	in the	in the County of		
State of Illinois, do hereby petition	on that the name of		, wh	o resides at	
County of	·	·			
election); provided that if no primary elect	ion is required, the candidate's r	name will appear on the ballot at	t the Consolidated Electic	n for election to	
said office and term. A Full Term is sought, unless an unexp	ired term is stated here.	year unevnired term			
	0-5.1, complete the following (this in				
FORMERLY KNOWN AS	UN ⁻	ΓΙL NAME CHANGED ON			
	all names during last 3 years)	i ,	ate of each name change)		
NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY	
1.			,IL		
2.			,IL		
3.			,IL		
4.			,IL		
5.			,IL		
6.			,IL		
7.			,IL		
8.			,IL		
9.			,IL		
10.			,IL		
State of	1	<u> </u>	I		
) SS.				
County of)				
l,	(Circulator's Name) do hereby o	certify that I reside at		, in the	
City/Village/Unincorporated Area of		(if unincorporated, list municip	pality that provides postal	service) (Zip	
Code) , County of	, State of	that I ar	m 18 years of age or olde	r (or 17 years o	
Code), County of age and qualified to vote in Illinois), that I more than 90 days preceding the last day					
signing were at the time of signing the pe	tition registered voters of the po				
respective residences are correctly stated	, as above set forth.				
		(Circul-	(Circulator's Signature)		
		·			
Signed and sworn to (or affirmed) by	(Name of Circulator)	before me, on	(Insert month, day, year)		
(SEAL)	•				
		(Notary	y Public's Signature)		
	SHEET NO				